

CLECKHEATON  
URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health.

1897.

To the Chairman and Members of the Cleckheaton Urban District Council.

GENTLEMEN,

I have the honour to present to you the Annual Report of Vital Statistics and Sanitary Administration for the year 1897.

VITAL STATISTICS.

The population, estimated at 12,563 in the middle of the year, may be regarded as thus distributed in the three wards :—

Cleckheaton	...	10,163.
Scholes	... ..	1,794.
Oakenshaw	...	606.

The Total Number of Births registered during the year was 318, of which 152 were Males and 166 Females. This is a decrease of 20 on the number registered during 1896. The Total Annual Birth Rate is 25·31 per thousand population in the district, as compared with 27·17 in the year 1896. The Total Annual Birth Rate for England and Wales for 1897 is 29·7.

Births.

Five illegitimate births were registered during the year, yielding a percentage of all births for the year of 1·57. The separate numbers and rates for each ward of the Total Births are as follows :—

Illegitimacy.

	NUMBER.			Rate per 1,000.		
Cleckheaton	...	...	248	...	...	24·39.
Scholes	...	...	57	...	...	31·77.
Oakenshaw	...	...	13	...	...	21·48.

Scholes therefore heads the list.

The Total Number of Deaths registered during the year was 180, a decrease of 5 on the year 1896. Of these 77 were Males and 103 Females.

Deaths.

Five Deaths occurred in the Joint Hospital, of which 2 were due to inhabitants outside this district. This however entails no correction of the Vital Statistics as it is counterbalanced by the death of 2 inhabitants of the district in distant Asylums.

The Total Annual Death Rate is therefore 14·33 as compared with 14·87 in 1896. Attention may also be called to the very favourable contrast of these figures to the Total Annual Death Rate of 17·4 throughout England and Wales in 1897.

The Number of Infantile Deaths registered, that is, of children under 1 year of age was 46, a decrease of 6 on the number registered during 1896. These 46 are equal to a percentage of all deaths registered during the year of 25·55, to a percentage of all births for the year of 14·46, and to a Total Annual Death Rate of 3·66 per thousand population of all ages. This contrasts favourably with the rate of 4·17 per thousand in 1896. The “Infantile Mortality” is therefore 144·65, that being the rate per thousand births for the year, this is 6·23 less than in 1896. The most frequent causes of death at this tender age have been Diarrhœa, Congenital Debility, Measles, and Respiratory Diseases.

Infantile Mortality.

Over 1 year and under 5 years the number of deaths registered was 24, an increase of 5 on the year 1896. This is equal to a percentage of all deaths of 13·33, and to a percentage of all births of 7·54.

The Total Number of Deaths therefore of children under 5 years of age is 70, a decrease of 1 on the number registered during 1896. This is equal to a percentage of all deaths of 38·8, to a percentage of all births of 22, and to a Total Annual Death Rate of 5·57.

Tabular Statement of Deaths at all Ages.

0 - 1	1 - 5	5 - 15	15 - 25	25 - 65	65 & upwards
46	24	8	11	57	34

Old Age.

The total number of Deaths registered of those over 70 was 24, a decrease of 5 on the year 1896. The combined ages of these amount to 1781 years or an average age of 74·2 years. This class yields a percentage of all deaths of 13·33 ; and a Total Annual Death Rate of 1·91 per thousand population of all ages. The oldest person whose death is registered attained to 81 years of age.

CAUSES OF DEATH.

Zymotic Diseases.

25 deaths were registered under this head, being an increase of 9 on 1896. This is equal to a percentage of all deaths of 14·42, and to a Total Annual Death Rate of 2·07.

The numbers recorded under each separate Zymotic Disease are given in tabular form below, together with the percentage of all deaths, and the numbers due to each in 1895 and 1896.

DISEASE.	No. of Deaths.	Per cent of all deaths.	No. of Deaths in 1896.	No. of deaths in 1895.
Small-Pox	0	0	0	0
Measles	7	3·88	0	1
Scarlet-Fever	2	1·11	3	3
Diphtheria	0	0	1	0
Whooping Cough	3	1·66	8	1
Enteric Fever	3	1·66	2	1
Diarrhoea	10	6·11	2	10
	25	14·42	16	16

Measles.

This disease was thus responsible for 7 deaths, compared with 0 in 1896, whilst Whooping Cough only accounts for 3 as compared with 8 in that year.

Phthisis.

17 deaths were due to this wasting disease, being an increase of 4 on 1896. The number recorded is equal to a percentage of all deaths of 9·4, and to a Total Annual Death Rate of 1·35.

Diseases of the Respiratory Organs.  
Heart Disease.

Were responsible for 32 deaths, an increase of 5 on 1896. This is equal to a percentage of all deaths of 17·77, and to a Total Annual Death Rate of 2·54.

Under this head 23 deaths were registered, being an increase of 8 on 1896. This is equal to a percentage of all deaths of 12·7, and to a Total Annual Death Rate of 1·83.

Cancer.

This disease caused 6 deaths. This is equal to a percentage of all deaths of 3·33, and to a Total Annual Death Rate of 0·47.

Inquests.

13 Inquests were held by the Coroner and verdicts as satisfactory as the evidence called could yield recorded. Amongst the number 5 were cases of bodies found after sudden death, 4 were the result of accidents, one a suicide, and one a case of alcoholism and voluntary neglect of food.

The foregoing report of Vital Statistics is one in many respects satisfactory in comparison with that for 1896, itself a good year. It is true that the Birth Rate has fallen 1·91, but the death rate has fallen ·54.

Infantile and Senile Mortality have fallen, whilst the Zymotic Death Rate and those of Phthisis, Diseases of Respiratory Organs and Heart Disease have risen.

SANITARY ADMINISTRATION.

The Sanitary Work of the district has received constant attention from the Inspector of Nuisances and myself.

130 Notifications of Infectious Disease have been received. Scarlet Fever shows an increase of 5, Enteric Fever an increase of 3, and Erysipelas an increase of 2. Eighteen notifications of English Cholera were also received.

Notification of Infectious Diseases.

There have been 2 outbreaks of Scarlet Fever in Scholes during the latter part of the year necessitating School closure, whilst Cleckheaton was visited by no general epidemic of this disease. An epidemic of Measles, however, travelling from the central parts of the town, and spreading by Westgate up Moorside, lasted many weeks and though school closure was avoided much hindrance was caused to educational work. Notwithstanding this I do not think it advisable to recommend the addition of this to the list of notifiable diseases. Experience tells us that the most valuable aid we have in dealing with this epidemic disorder is in the vigilance and information supplied by the teachers in the schools. The early infectiousness and impossibility of removal to Hospital render notification of little practical service.

The distribution and comparative record of all notified diseases during the 2 past years is shown below in addition to the number of cases removed to Hospital.

	Scarlet Fever	Enteric Fever	Erysipelas	Eng. Cholera	Puerl. Fev.	Sent to Hospital	
						Scarlet Fever	Enteric Fever
Cleckheaton	44 (1896 - 64)	5 (1896 - 8)	11 (1896 - 9)	18 (1896 - 0)	3 (1896 - 0)	31	4
Scholes	37 ( " - 14)	1 ( " - 0)	2 ( " - 0)	0 ( " - 0)	0 ( " - 0)	25	0
Oakenshaw	4 ( " - 2)	5 ( " - 0)	0 ( " - 0)	0 ( " - 0)	0 ( " - 0)	3	3
Totals	85 80	11 8	13 9	18 0	3 0	59	7

The percentage of removals of eligible cases to Hospital though not quite up to that of 1896 is encouraging, the numbers removed being 61·43 for 1897 as against 63·75 for 1896.

Premises of various kinds have been visited by your officers, and nuisances have been abated.

Sanitary Inspection.

One Lodging-House has been inspected and having been brought up to the necessary standard in sanitary details, registered.

The experiment of the Council in removing refuse and night soil by its own Scavengers has proved satisfactory, and warrants a further extension of the system.

The state of the district on the whole as regards Sanitary matters is satisfactory.

It must have been a gratification to you to hear the words of commendation expressed by the representative of the County Council of the West Riding at the recent Incorporation Inquiry.

I am, Gentlemen,

Obediently yours,

C. HAROLD DYER, M.D., Aberd.

Town Hall, Cleckheaton,

March 1st, 1898.





COALVILLE *Leic*  
URBAN SANITARY AUTHORITY.

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➔ REPORT ➔

FOR THE YEAR 1897,

OF THE

MEDICAL OFFICER OF HEALTH

(R. WYATT JAMIE, M.A., M.B., C.M., D.P.H. Camb.)

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# Report of the Medical Officer of Health

## FOR THE YEAR 1897.

*To the Coalville Urban District Council.*

**Mr. Chairman and Gentlemen,**

I have the honour of submitting to you a Report respecting the health and sanitary condition of the district for the year 1897.

In my monthly reports, I have informed you of the individual outbreaks of infectious disease, and their probable causes, and have laid before you the measures adopted to prevent their spread.

In this report I give a summary of the year's statistics, including the general death-rate, and death rates from certain special diseases, with the inferences to be drawn therefrom as bearing upon the sanitary condition and requirements of the district.

I also give a short account of the outbreaks of the different infectious diseases, with special regard to the conditions existing in our district favourable to the causation and propagation of such disease.

### BIRTH RATE.

During the year 1897, 504 births were registered, consisting of 260 males and 244 females. This gives a birth-rate of 39·2 per 1000.

The birth-rate for the urban districts of Leicestershire for the year 1896 was 36·6.

### MORTALITY RATES.

The total number of deaths throughout the year was 224 as compared with 191 for the previous year.

This gives a general death-rate for the district of 17·4, as compared with 15·2 for last year.

The general death-rate for the urban districts of Leicestershire for the year 1896 was 15·2.

Thus the death-rate for the district is 2·2 per 1000 less favourable than last year.

The difference in the general death-rate in the different wards is remarkable, and can only be accounted for by the fact that a ward is such a small unit, that for a single year, a fair average cannot be obtained

**TABLE 1.**

**Show General Death Rate in each Ward, &c.**

WARD.	Population to middle of 1897.	Number of Deaths.	Death-rate 1897.	Death-rate 1896.
Coalville ... ..	4950	82	16·4	14·8
Hugglescote ... ..	4030	60	11·8	15·8
Whitwick ... ..	3870	82	21·1	15·2
Whole District ... ..	12850	224	17·4	15·2

From the above table it will be seen that the general ward rate varies from 11·8 in the Hugglescote Ward to 21·1 in the Whitwick Ward.

The difference is partly accounted for by the number of deaths attributed to pneumonia and bronchitis in the Whitwick Ward, being 17 as compared with 7 and 14 in Coalville and Hugglescote respectively.

These were probably sequels of influenza which was prevalent in that Ward during the early months of last year.

## INFANTILE MORTALITY.

As the Infantile Mortality is of considerable significance, I sub-join a table giving the infantile mortality for each Ward and for the whole district.

**TABLE 2.**

### Infantile Mortality.

WARD.	Number of Births.	Deaths under one Year.	Rates per 1,000 Births Registered.	Rate for Previous Year.
Coalville ... ..	194	33	170	144
Hugglescote ... ..	159	21	132	157
Whitwick ... ..	151	29	192	130
Whole District ... ..	504	83	164	144

Hugglescote is most favourably placed in respect of Infantile Mortality, the rate being 132 per 1000 births registered, as compared with 170 and 192, the rates for Coalville and Whitwick respectively.

**TABLE 3.**

### Giving Deaths Classified According to Ages.

Number of Deaths	Coalville.	Hugglescote.	Whitwick.	TOTAL.
Under one year ... ..	33	21	29	83
One and under 5 ... ..	11	11	10	32
Five and under 15 ... ..	2	1	5	8
Fifteen and under 25 ... ..	4	1	2	7
Twenty-five and under 65	23	14	22	59
Sixty-five and upwards ... ..	9	12	14	35

From the above table it will be seen that more than half the total deaths in Coalville and Hugglescote occur amongst children under five years; and slightly under half the total in the Whitwick Ward.

Taking the whole district, of the total of 224 deaths, no fewer than 115 were of children under five years of age.

Thirty-five persons had reached 65 years of age and upwards, and one in the Hugglescote Ward had reached the age of 98.



Following is a table giving the deaths in each Ward classified according to diseases.

**TABLE 4.**

DISEASE.	Coalville	Hugglescote.	Whitwick.	TOTAL.
Scarlatina ... ..	1	—	—	1
Diphtheria & Membranous Croup ... ..	—	1	1	2
Typhoid Fever ... ..	—	4	1	5
Measles ... ..	—	3	—	3
Whooping Cough... ..	—	4	2	6
Diarrhœa and Dysentery	3	2	1	6
Bronchitis ... ..	7	14	17	38
Pneumonia ... ..				
Pleurisy ... ..				
Heart Disease ... ..	9	3	7	19
Phthisis ... ..	6	1	4	11
Injuries ... ..	4	4	2	10
All other Diseases ...	52	24	47	123

From the above table it will be seen that over one-sixth of the total deaths was due to diseases of the respiratory organs.

Five deaths are attributed to typhoid as compared with two of the previous year.

Twenty-three are attributed to zymotic disease, as compared with twenty-four for the year 1896.

Nineteen deaths were caused by heart disease, as against six for the previous year.

There was also an increase due to Phthisis, viz : eleven, as compared with eight of the previous year.

There is a notable increase in the number of deaths from injuries. Ten such occurred in the year 1897, as compared with an average of two for the last ten years. These included two from accidental burns, three cases of suffocation of infants in bed—all in the Hugglescote Ward—and one suicide.

### ZYMOTIC DISEASE.

Throughout the year twenty-three deaths occurred from Zymotic disease, as compared with twenty-four for the previous year, viz.: three from Measles, one from Scarlatina, two Diphtheria and Membranous Croup, six from Whooping Cough, five from Typhoid, and six from Diarrhœa and Dysentery. This gives a Zymotic death rate for the district of 1·7, as compared with 1·7 of the previous year.

The rate for the Urban Districts of Leicestershire for 1896 was 1·6.

Of the twenty-three deaths no fewer than six were due to Whooping Cough, an ailment thought lightly of, and consequently few precautions taken to arrest its spread. It is particularly fatal to very young children.

Measles was the cause of three deaths in the Hugglescote Ward; infantile diarrhœa caused three in the Coalville Ward.

Coalville Ward had the most favourable Zymotic rate, being ·8, and Hugglescote the least favourable 3·4, while that of Whitwick was 1·2.

The following table gives the deaths due to the seven principal Zymotic diseases, the rate for each Ward, and for the whole District.

**TABLE 5.**

Showing death-rate per 1000 from the seven principal Zymotic Diseases.

WARD.	Small-pox.	Measles.	Scarlatina.	Diphtheria & Croup.	Whooping Cough.	Typhoid Fever.	Diarrhœa & Dysentery	Rate for 1897.	Rate for 1896.
Coalville ... ..	0	0	1	0	0	0	3	8	1·6
Hugglescote ... ..	0	3	0	1	4	4	2	3·4	2·7
Whitwick ... ..	0	0	0	1	2	1	1	1·2	1·3
Whole District ... ..	0	3	1	2	6	5	6	1·7	1·9

The Zymotic rate for the Leicestershire Urban Districts for 1896 was 1·6.

### MEASLES.

During the first quarter of the year a considerable number of cases occurred, mainly confined to the Hugglescote Ward. Not being a notifiable disease, precautions are possible in only a small percentage of the cases. In its first stage—the catarrhal—it much resembles in its symptoms an ordinary cold, and it is at this stage that the child attends school and spreads broad-cast the disease.

Three cases proved fatal.

### SCARLATINA.

Fifty-six cases of Scarlatina were reported during the year; but only one case proved fatal.

Its prevalence, as has been pointed out in previous reports, was due to the absence in most cases of facilities for isolation, to the disregard of some parents to the instructions given them; and perhaps chiefly to the attendance at school of children recovering from attacks so mild as to pass unrecognized, or at least so mild as not to require the attendance of a medical man, and hence no notification and consequent exclusion from school.

### WHOOPIING COUGH.

Whooping Cough was responsible for six of the 23 deaths due to zymotic disease.

This disease was very prevalent during the first four months of the year and only in a few cases were any attempts made to check its spread.

It is highly infectious and the contagion is readily conveyed by the clothes of those in attendance on the sick. Active infection is given off by patients only slightly affected and who are only in the early stage of the disease; and the infection continues active till some time after the characteristic symptoms have disappeared.

There is thus a long period of infectiousness, and considering the mortality due to this disease it is rightly classed among the dangerous infectious diseases.

### DIPHTHERIA AND MEMBRANOUS CROUP.

Of these there were two fatal cases, certified as Membranous Croup.

In each case there were dampness of dwelling and subsoil polluted by leaky drains.

### DIARRHŒA.

Six deaths occurred from this cause being the same number as last year. All the deaths occurred amongst children under five years of age, and were cases of what is usually described as “summer” diarrhœa.

### TYPHOID FEVER.

Eighteen cases of Typhoid Fever were notified during the year, six in each ward. The localities were as follow:—

Coalville Ward.		Hugglescote Ward.		Whitwick Ward.	
Berrisford Street ...	1	Donington Turn ...	2	Castle Terrace ...	2
Club Row ...	1	Ellistown ...	1	Silver Street ...	2
Belvoir Road ...	2	Page's Hill ...	1	Leicester Road ...	2
Mammoth Street ...	1	North Street ...	2		
Hotel Street ...	1				

In each case defects of water supply, sewerage, or scavenging were observable. Five deaths occurred, four in the Hugglescote Ward and one in the Whitwick Ward.

These repeated outbreaks of Typhoid in our district are connected probably in their origin, and certainly in their propagation with the systems of water supply and scavenging which still obtain in the district.

As long as the supply of water is from surface wells in thickly populated parts, the systems of sewerage and scavenging would require to be perfect to prevent pollution of the wells.

With the present faulty drains and sewers and irregular scavenging, the wonder is there is not more illness of this nature ; and I believe the fairly prevalent practice of boiling water for drinking purposes largely accounts for the comparatively speaking small amount ; and until the present schemes of sewerage and water supply are completed I would bespeak a continuance of this safe practice in the case of nearly all the old wells of the district

It is gratifying to be able to report that, in spite of the few facilities for isolation, in very few instances is the disease directly communicated from one person to another.

The particular lesson that each of the outbreaks teaches is the importance of better scavenging, and more particularly so as long as the supply of water is from surface wells.

### SEWERAGE.

Application was made to the Local Government Board for sanction to borrow £35,000 for purposes of sewerage and sewage disposal. The Board however take exception to the Whitwick outfall in the scheme propounded at the inquiry, and some little delay will necessarily follow, until amended plans are presented and considered by the Board.

### WATER SUPPLY.

Progress is being made towards the realization of the water supply scheme for the Urban District

### SCAVENGING.

Scavenging is still left to the householder, who experiences difficulty in obtaining either the removal of, or a suitable site for the disposal of the refuse.

The consequence is offensive accumulations recur which pollute the air, the soil and sometimes the water supply, and are the cause of repeated local outbreaks of Typhoid Fever.

### OVERCROWDING.

Several cases of overcrowding have been dealt with, without recourse to legal proceedings.

### ISOLATION HOSPITAL.

In May the Council passed a resolution to apply to the Local Government Board for sanction to borrow £2,500, being £1,500 (or such less sum as may be necessary) for the purpose of erecting an Isolation Hospital, and £1,000 for stores buildings.

This will prove of special benefit to a district where the facilities for isolation in most of the houses are so few.

Plans are being prepared and will be presented to the Local Government Board, who will in due course hold the usual inquiry.

### SUMMARY OF INSPECTOR'S WORK FOR 1897.

Number of house drains laid during year...	...	...	...	110
Closets erected ...	...	...	...	18
Complaints received ...	...	...	...	37
Houses and premises inspected	...	...	...	2,050
Houses and premises re-inspected	...	...	...	1,185
Notices served to secure sanitary amendment of houses	...	...	...	591
Houses disinfected after infectious illness...	...	...	...	69
Drains repaired, cleansed and trapped	...	...	...	45
Cesspools covered and ventilated	...	...	...	6

House drains relaid	...	...	...	...	...	12
Cesspools abolished	...	...	...	...	...	7
Privies and ashpits repaired	...	...	...	...	...	67
Accumulations of refuse removed	...	...	...	...	...	150
Cesterns, wells repaired and cleaned	...	...	...	...	...	18
Cases of overcrowding	...	...	...	...	...	3
Piggery nuisances abated	...	...	...	...	...	21
Roofs, eaves and spouts repaired, &c	...	...	...	...	...	16
Houses unfit for human habitation	...	...	...	...	...	9
School notifications re Infectious diseases...	...	...	...	...	...	67
Reports to Sanitary Committee	...	...	...	...	...	24
Reports to Council	...	...	...	...	...	6
Statutory notices served	...	...	...	...	...	103
Legal proceedings	...	...	...	...	...	3
Reports of Medical Officer of Health respecting sanitary condition of premises where Infectious Diseases have occurred	...	...	...	...	...	71

There are thirteen registered Slaughterhouses, and two licensed ; and these with the 20 Bake-houses have been regularly inspected and found to be generally in a satisfactory condition.

The Common Lodginghouses at Whitwick, are kept in a fairly clean and satisfactory state. Although the percentage of lodgers is higher than the previous year, there has only been one case of overcrowding which was duly reported to the Council. The houses are inspected once a month in the day time and once a quarter at night.

In conclusion, I may say that the Sanitary Work of the Council for the year 1897 has been markedly progressive, and the various schemes of Sewerage, Water Supply and Isolation Hospital, which have had its full and earnest consideration, are calculated to put the district ultimately, as regards the essential elements of sound sanitation, in a position above the average of districts of similar character and population.

In the realization of such schemes, delays more or less unavoidable are sure to occur ; but the Council's work for the year has included the indispensable preliminaries of schemes which will most favourably affect the health and well-being of the district for generations.

I have the honour to be,

MR CHAIRMAN AND GENTLEMEN,

Your obedient Servant,

**R. Wyatt Jamie, M.A, M.B., C.M., D.P.H., Camb.**

*Medical Officer of Health.*

COALVILLE,

*8th February, 1898.*







# NOTES ON TABLES A AND B.

NOTE 1. *Medical Officers of Health of "Combined Districts" must make a separate Return for the District of each District Council.*

2. *Medical Officers of Health acting for a portion only of the District of a District Council should write, in the heading of the Table, the designation of the Division for which they act.*

3. *The words "Urban," "Rural," or "Metropolitan," must be inserted in the appropriate space in the heading, according as the District is Urban or Rural, or is within the Metropolitan Area.*

4. *The "Localities" adopted for the purpose of these statistics should be areas of known population; such as parishes, groups of parishes, townships or wards.*

As stated at the head of the first column in each Table, *Public Institutions* should be regarded as separate localities, and the deaths in them should be separately recorded. Work-houses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people and especially of sick people, are received are Public Institutions for the purpose of these statistics.

5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal lines of "Totals," are the whole of those registered as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, e.g., the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.*

Area and Population of the District or Division to which this Return relates.			
Area in Acres 6,000.			
Population (Last Census) 11,690.			
" (Estimated to middle of 1897) 12,850.			
Death Rates.	General 17.4.		per 1,000 Population, estimated to middle of 1897.
	Infant (under one year of age) 164.		per 1,000 Births Registered.

In recording the facts under the various headings of Tables A and B, attention has been given to the notes endorsed on the Tables.

R. WYATT JAMIE, M.B., D.P.H., Camb.,

Medical Officer of Health

8TH FEBRUARY, 1898.



## NOTES ON TABLE **B.**

*(See also Notes on back of Table A.)*

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NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the District or division to which the Table relates.

2. As stated in the heading of Col. (a) *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmarys, Asylums, and other establishments into which numbers of people, and especially the sick people, are received, are Public Institutions for the purpose of these statistics.

3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of Consumption and other prevalent diseases, should be made in the text of the Report.*